



Uniform Medical Plan

Your health. Your plan. Your choice.

Volume 7, Issue 2

Provider Bulletin

July 2005

Please circulate the *UMP Provider Bulletin* to the appropriate clinical, billing, and bookkeeping staff.

Uniform Medical Plan Web site: www.ump.hca.wa.gov

UMP Medical Director Moving On

UMP is very sad to be saying good-bye to our long-time Medical Director, Andrew Brunskill, MD. He is leaving to pursue a PhD in health services research emphasizing decision support. He expects to be working at the Veterans Administration Health Services Research Department in Seattle on a fellowship in medical informatics. Good-bye and good luck, Andrew—we'll miss you!

UMP Provider Survey Results

In early 2005, UMP conducted a survey of its network providers, including physicians, mental health providers, rehabilitation therapists, and chiropractors. Survey participants were asked to rate UMP, both separately and in comparison to other health plans, in the following areas—provider relations, utilization management, prescription drug benefits, and financial aspects. Approximately 3200 providers were asked to participate; 1070 providers responded, yielding an overall response rate of 33%.

In general, UMP was rated highly in provider relations, claims processing accuracy, and overall satisfaction. Respondents found UMP to be comparable to other plans in the areas of utilization management, drug benefits, and financial aspects.

UMP identified several areas where we can enhance our level of service to providers including improving the UMP Web site, offering additional options for online claims processing, and expediting the appeals process.

A four-page summary describing the results and identifying areas for improvement is included in the mailing of this issue of the Bulletin. The summary is also available on UMP's Web site at www.ump.hca.wa.gov.

In This Issue

UMP Medical Director Moving On	1
UMP Provider Survey Results	1
New Billing & Administrative Manuals Coming Soon.....	1
How To Reach Us.....	2
Hospital Reimbursement Updates.....	2
Anesthesia Reimbursement System	2
Chiropractor Fee Schedule	2
UMP Professional Provider Fee Schedule Updates	3
Prosthetic and Orthotic Fee Schedule.....	3
Drugs and Biologicals Administered In Providers' Offices	4
New Provider Relations Coordinator	4
Claims Review Program	4
Telemedicine Services.....	4
UMP to Offer Online Claims Processing With Office Ally	5
Billing Reminders	5
Faxing Prescriptions to the Express Scripts Mail-Service Pharmacy	5
New Zetia® Step Therapy Program	5
Applying for the National Provider Identifier (NPI)	5

New Billing & Administrative Manuals Coming Soon

The *UMP Billing & Administrative Manual for Professional Providers* and the *UMP Network Hospital Billing & Administrative Manual* are currently being updated. We will be sending you a copy of the relevant manual(s) soon. As usual, these will also be posted on the UMP Web site at www.ump.hca.wa.gov.

How To Reach Us

UMP Web site www.ump.hca.wa.gov

Secure services through OneHealthPort
www.onehealthport.com

**Claims Processing
and Preauthorizations** **1-800-464-0967**
or 425-686-1246
Fax 425-670-3199

- Claims and benefits information
- Customer service and general billing questions
- Medical review and prenotification/preauthorization
- Enrollee eligibility information
- Status of submitted claim
- Verify provider's network status

**Automated Enrollee
Eligibility Information** **1-800-335-1062**

Have subscriber I.D. number available, and select #2 for
PEBB subscriber information

**Provider Credentialing
and Contracting Issues** **1-800-292-8092**
or 206-521-2023
Fax 206-521-2001

- Billing manuals and payment policies
- Change of provider status
- Fee schedules
- Network provider contract information
- New provider enrollment
- Policies and procedures
- *Provider Bulletin* feedback
- Request a printed preferred drug list

**Beech Street Preferred
Network*** **1-800-432-1776**
www.beechstreet.com

For network providers outside of Washington and the
Idaho counties of Bonner, Kootenai, Latah, and Nez Perce

** Note: The Beech Street network does not apply to
Medicare-primary enrollees.*

Alternare Health Services **1-800-500-0997**
(a subsidiary of American **or 206-405-2923**
WholeHealth Networks) **www.alternare.com**

Preferred network information for licensed massage
practitioners, naturopathic physicians, and licensed
acupuncturists

Express Scripts, Inc. **1-800-763-5502**
www.express-scripts.com

To fax prescriptions: **1-800-396-2171**
Prescription drugs, preferred drug list, claims questions,
drug coverage review, and preauthorization

Free & Clear **1-800-292-2336**
www.freeclear.com

Tobacco cessation program information

Hospital Reimbursement Updates

The UMP has completed the 2005–2006 contract rate updates for network hospitals. All contracted facilities' 2005 rates have been implemented with an effective date of January 1, 2005. Version 21 of the APDRG grouper associated with the hospital Inpatient Prospective Payment System (IPPS) was also in effect January 1, 2005.

The January and April Outpatient Code Editors (OCE) updates associated with UMP's hospital Outpatient Prospective Payment System (OPPS) have also been implemented and are consistent with the CMS updates.

Anesthesia Reimbursement System

The UMP anesthesia conversion factor has increased to \$46.70 for payment of anesthesia services for dates of service on or after July 1, 2005. The 4% inflation factor used to update UMP's RBRVS "budget-neutral" conversion factor was applied to the anesthesia "budget-neutral" conversion factor for the annual update.

Reimbursement for anesthesia services continues to be composed of base units plus anesthesia minutes. For the majority of the CPT anesthesia codes, the current anesthesia bases in the UMP payment system are the same as CMS's 2005 anesthesia base units and the American Society of Anesthesiologists' (ASA) 2005 anesthesia base units. The actual anesthesia minutes must be reported in the unit field (24G) on the HCFA-1500 claim form, as actual payment is calculated on a per-minute basis.

Chiropractor Fee Schedule

The UMP Chiropractor Fee Schedule has been updated for dates of service on or after July 1, 2005. The revised amounts are based on the CMS 2005 relative value units, CMS 2005 statewide GPCIs for Washington, and the updated UMP RBRVS conversion factor of \$50.00. The UMP maximum allowances for covered evaluation and management services are set at 90% of the full RBRVS rates.

As a reminder, patient education or complementary and preparatory services are not reimbursed separately from manipulations. Application of heat/cold packs and pre-manipulation exercise programs are considered complementary or preparatory services.

Additional details pertaining to coverage, benefit limitations, payment policies, and fees can be found in the *UMP Certificates of Coverage*, *Chiropractor Fee Schedule*, and the *Billing & Administrative Manual for Professional Providers*, which are available on the Web site at www.ump.hca.wa.gov.

UMP Professional Provider Fee Schedule Updates

We have recently completed our annual update to the *UMP Professional Provider Fee Schedule* for dates of service on or after July 1, 2005. The fee schedules can be downloaded from UMP's Web site at www.ump.hca.wa.gov. Although the major fee schedule update generally occurs annually in July, minor revisions are done at various times during the year to accommodate new coding or fee revisions. We encourage you to periodically check the UMP Web site for the most up-to-date fee schedule and related payment policy information. The following additional details pertain to the most recent update and methodologies used by the UMP.

Resource-Based Relative Value Scale (RBRVS) Methodology

The updated maximum allowances for most codes on the *UMP Professional Provider Fee Schedule* are based on:

- Centers for Medicare & Medicaid Services (CMS) 2005 Relative Value Units (RVUs);
- CMS Statewide 2005 Geographic Practice Cost Indices (GPCIs) for Washington State; and
- UMP's updated RBRVS conversion factor of \$50.00.

Site-of-service rate differentials apply to many of the procedure codes based on CMS's dual levels of practice expense RVUs. The updated statewide GPCIs used to determine the July 1, 2005 fee schedule amounts are listed below:

- 1.003 (work);
- 1.017 (practice expense); and
- 0.819 (malpractice expense).

The new UMP conversion factor reflects a 4% inflation increase from the 2005-2006 "budget-neutral" conversion factor. This increase is comparable to the U.S. City Average Consumer Price Index for physicians' services for the 12-month period ending December 2004.

Bundled Procedures/Supplies

Procedure codes that are not separately payable under the RBRVS methodology are listed as bundled

services/supplies on the *UMP Professional Provider Fee Schedule* and in the *UMP Billing & Administrative Manual for Professional Providers*. The additions are noted below:

Code	Brief Description
A4348	Male ext cath extended wear
A4372	Skin barrier solid 4x4 equiv
A4373	Skin barrier with flange
A4394	Ostomy pouch liq deodorant
A4395	Ostomy pouch solid deodorant
A4396	Peristomal hernia supprt blt
A4927	Non-sterile gloves
A5200	Percutaneous catheter anchor
Q3000	Rubidium RB-82
Q3002	Gallium ga 67

Clinical Laboratory Procedures

The maximum allowances for most of the clinical laboratory codes on the updated *UMP Professional Provider Fee Schedule* are based on 136.5% of the Medicare 2005 Clinical Laboratory Fee Schedule amounts.

The rates for Pap smear laboratory codes on the fee schedule are consistent with Medicare fees (with the exception of the physician interpretation codes, which are based on the UMP RBRVS rates).

Prosthetic and Orthotic Fee Schedule (Including Ostomy and Urological Supplies)

The *UMP Prosthetic and Orthotic Fee Schedule* (including ostomy and urological supplies) for suppliers is also available on the UMP Web site at www.ump.hca.wa.gov. For dates of service on or after July 1, 2005, most of the UMP maximum allowances are based on the Medicare 2005 Durable Medical Equipment/Prosthetic and Orthotic Fee Schedule.

Copyright Information

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Drugs and Biologicals Administered In Providers' Offices

The UMP fee schedule amounts for drugs and biologicals administered in provider offices and related policies have been updated for dates of service on or after July 1, 2005.

Administration Procedures

For many codes pertaining to administration of drugs and biologicals, UMP fee schedule amounts will increase for dates of service on or after July 1, 2005, due to the implementation of 2005 RVUs and the new UMP conversion factor. When billing the UMP for these administration procedures, providers should follow the current Medicare coding guidelines and policies.

Drugs and Biologicals

In addition to the fee schedule revisions for the administration codes, UMP has updated the fee allowances, pricing methodology and payment policies for payment of the drugs and biologicals administered in providers' offices. The new fee schedule amounts for most drug and biological procedure codes are based on 115% of the Medicare fee schedule amounts. For immunization vaccines/toxoids procedure codes, UMP is continuing with fee schedule amounts based on 95% of average wholesale prices. UMP fee schedule amounts for separately payable radiopharmaceutical codes continue to be based on the Medicare fees.

We intend to monitor changes that have been made to the *UMP Professional Provider Fee Schedule for Drugs and Biologicals* and related Medicare coding and fee schedule policies. UMP will consider potential refinements in future updates. To download the most up-to-date *UMP Professional Provider Fee Schedule for Drugs and Biologicals*, please visit the UMP Web site at www.ump.hca.wa.gov.

New Provider Relations Coordinator

The UMP claims office has recently designated Melba Medina as Provider Relations Coordinator. She specializes in handling provider concerns, including questions regarding reimbursement and claim submission. To reach her, call UMP Customer Service at 1-800-762-6004 and ask to speak with the Provider Relations Coordinator. If she is busy with another provider, leave a detailed message and she will call you back within 24 hours.

You can continue to direct questions regarding eligibility, benefit verification, and general claims inquiries to UMP Customer Service. For issues involving contracting or credentialing, call UMP Provider Services at 1-800-292-8092.

Claims Review Program

With an oversight responsibility for claims administration, UMP performs reviews on claims periodically to ensure accurate and appropriate payment of claims. This review monitors compliance with UMP billing rules, policies, and plan benefits. It is important for providers to accurately document and code services provided to UMP enrollees. Providers can help to ensure appropriate and prompt payments are made by following UMP billing procedures and payment policies.

The UMP claims review process typically begins with the review of aggregated claims data and the use of software to identify patterns and outliers. A primary purpose of our claims review activities is to follow up and investigate any questionable billing patterns or practices. This may include researching the accuracy of UMP payments and the appropriateness of the procedure and/or diagnosis codes submitted. We also use this process to determine where clarification, training, or better communication of our coding/payment policies may be necessary.

Providers may be contacted periodically for additional information or medical records to substantiate the codes or modifiers submitted on particular claims. If additional information is requested, your cooperation and prompt response is appreciated.

UMP strives to maintain billing processes that are consistent with industry standards and are not overly burdensome to providers. When claims information is not complete or clear, UMP may have to contact providers directly for further clarifications. Where billing or processing errors have occurred, appropriate action is taken to correct the errors and resolve any under- or overpayments promptly.

If you have any questions regarding our claims review process, please contact Kathy Fancher at 206-521-2007.

Telemedicine Services: Revised Originating Site Fee Schedule Amount

The UMP has implemented a revised fee schedule amount for HCPCS procedure code Q3014, which represents the originating site facility fee for telemedicine

services. The revised amount of \$21.86 based on Medicare's current fee schedule amount is effective for dates of service on or after July 1, 2005. Complete details pertaining to UMP's coverage and payment policies for telemedicine services are available on the UMP Web site at www.ump.hca.wa.gov.

UMP to Offer Online Claims Processing With Office Ally

Are you still submitting paper claims? Would you like to get paid faster and get virtually immediate feedback on problem claims? How about getting the status of all your claims with multiple health plans in one place? By the end of 2005, UMP will offer online claims processing with Office Ally. The service is free to providers and all you need is an Internet connection—nothing to buy! We'll offer more information in the next issue of the Bulletin. In the meantime, you can learn more about Office Ally or download a free demo of the system by visiting their Web site at www.officeally.com.

Billing Reminders:

Information for Claims Submitted to UMP

Physical, Occupational, Speech, and Massage Therapy Services

UMP requires providers to have a plan of treatment on file and available upon request for these services. The full name of the provider prescribing the therapy plus his or her credential (e.g., MD, DO, ARNP, ND) must be in Box 17 of the CMS 1500 claim form. In addition, the date of onset of the injury or illness should be entered in Box 14 of the CMS 1500 claim form.

Diabetes Education Program Providers

UMP has adopted the Centers for Medicare and Medicaid Services (CMS) guidelines for coverage of diabetes education. Medicare-approved providers should follow Medicare guidelines for billing.

Submission of Corrected Claims

Please use the standard coversheet developed by the Washington Health Care Forum when submitting corrected claims. This form helps UMP to recognize corrected claims and process them accordingly. The form is available on both UMP's Web site (www.ump.hca.wa.gov) and the Health Care Forum's (www.wahealthcareforum.org/).

Faxing Prescriptions to the Express Scripts Mail-Service Pharmacy

Express Scripts (ESI) has a number of telephone and fax numbers for different health plan clients, so it is important to use the correct fax number when faxing prescriptions to ESI for your UMP patients. Otherwise, the prescription may be delayed or even lost, if it is not received at the appropriate mail-service pharmacy. The correct fax number is **1-800-396-2171**.

New Zetia® Step Therapy Program

Effective July 1, 2005, UMP will implement a point-of-service Zetia (ezetimibe) Step Therapy Program. This program emphasizes the adherence to the FDA indication for Zetia (ezetimibe) as combination therapy, and discourages its use as monotherapy, except where medically necessary.

When a prescription for Zetia (ezetimibe) is submitted, ESI will check the patient's pharmacy history for one of the following:

- Atorvastatin (Lipitor®)
- Fluvastatin (Lescol®)
- Lescol XL
- Lovastatin (Mevacor®; generics)
- Lovastatin ER (Altoprev®)
- Pravastatin (Pravachol®)
- Simvastatin (Zocor®)
- Pravastatin and ASA (Pravigard®)
- Atorvastatin and amlodipine (Caduet®)
- Rosuvastatin (Crestor®)

For patients who have not taken one of the above drugs, prior authorization for Zetia is required. For prior authorization, please call 1-800-417-8164.

Applying for the National Provider Identifier (NPI)

Starting May 23, 2005, all health care providers may apply for a National Provider Identifier (NPI) from the Centers for Medicare & Medicaid Services (CMS). The NPI will eventually become the single identifier used for standard transactions, including medical billing, claims status inquiries, and details of remittance.

CMS is allowing providers two years to get their NPI; providers aren't required to use the NPI for transactions until May 2007. At this time, UMP doesn't require

that providers use the NPI; you should continue to bill using your current identifier. UMP will notify its providers when the use of the NPI becomes required.

Providers can apply online for an NPI at the following CMS Web site: **<https://nppes.cms.hhs.gov>**. Paper applications are also available online or by calling 1-800-465-3203.

To obtain this document in another format,
call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.

TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.